Change in Compa	ny's premium	or rate	levei	produced	by	rate
revision effective	4/1/06					

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
	<u>ooverage</u>	VOIGITIO (MINIOIS)	<u>Onungo (* or)</u>
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	1,878,889	-5.8%
10.	Extended Coverage	1,878,889	-5.8%
11.	Inland Marine		Construction
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail	<u> </u>	
15.	Other		
	Line of Insurance		
	es filing only apply to certain territory (ter		
Orio	ef description of filing. (If filing follows rai	tes of an advisory organization	specify organization):
Dile	ridescription of ming. (If hang follows ta	les of all advisory organization	, specify organization).
_ <u>R</u>	evising Type of Business Factors.		· · · · · · · · · · · · · · · · · · ·
** C	Adjusted to reflect all prior rate chang change in Company's premium level white vill result from application of new rates.	ch 	
		Endersted Mut	ual Insurance Company

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEBVED

JAN 1 9 2006

SPRINGFIELD, ILLINOIS

Federated Mutual Insurance Company Name of Company

Official - Title

Change in Company's premium or rate level produced by rate revision effective 4/1/2006

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	<u>Change (+ or -) **</u>
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		-
8.	Boiler and Machinery		
9.	Fire	163,065	8.4%
0.	Extended Coverage	163,065	-8.4%
1.	Inland Marine		
2.	Homeowners		
3.	Commercial Multi-Peril	**************************************	
4.	Crop Hail		
5.	Other		
	Line of Insurance		
	es filing only apply to certain territory (te		
<u> </u>	es, see Summary Page 1 for breakdown	n of changes by Type of Busine	ess
	of description of filing. (If filing follows ra	ites of an advisory organization	n, specify organization):
* (Adjusted to reflect all prior rate change in Company's premium level while result from application of new rates		

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JAN 1 9 2006

SPRINGFIELD, ILLINOIS

Federated Mutual Insurance Company Name of Company

Official - Title

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -) **
Automobile Liability		
Private Passenger		
Commercial		
Automobile Physical Damage		
Private Passenger		
Commercial		
Liability other than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire & Allied Lines	1,340,391	+5.8%
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril*		
Crop Hall		
Other		
Does filing only apply to certain terriclesses? If so, specify:	itory (territories) or certain No.	
classes? If so, specify:	No.	

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR PRECEIVED

JAN - 3 2006

SPRINGFIELD, ILLINOIS

Grange Mutual Insurance Company

Name of Company

Official - Title

Richard McQuay Pricing Analyst IV

Form (RF-3)

Change in Company's premium or rate level produced by rate revision effective: 4-1-2006

	(1)	(2)	(3)
	<u>Coverage</u>	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary & Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler & Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Worker's Compensation		
16.	Other: Dwelling Property Program Line of Insurance	\$135,232	<+1%
Does fili If so, spe		(territories) or certain classes? No	
endorse	ments DP 13 04 6, Actual C	rates of an advisory organization, specify ash Value Loss Settlement; DP 15 04 0 Other Structures; and DP 32 04 06, Roof	06, Functional Replacement Cost Loss
		_	

*Adjusted to reflect all prior rate changes.

IMT Insurance Company (Mutual) Name of Company

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

JAN 0 4 2006

SPRINGFIELD, ILLINOIS

Toni McCrary, JD, CPCU, Senior Compliance Analyst, Research & Development

Official - Title

^{**}Change in Company's premium level which will result from application of new rates.

Change	e in Company's premium or rate level	produced by rate revision effective	April 1, 2006	
	(1)	(2) Annual Premium	(3) Percent	
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>	
1.	Automobile Liability			
	Private Passenger			
	Commercial			
2.	Automobile Physical Damage Private Passenger			
	Commercial			
3.	Liability Other Than Auto			
4.	Burglary and Theft			
5.	Glass			
6.	Fidelity			
7.	Surety			
8.	Boiler and Machinery			
9.	Fire	207,521	+5.8%	
10.	Extended Coverage			
11.	Inland Marine			
12.	Homeowners			
13.	Commercial Multi-Peril			
14.	Crop Hail			
15.	Other			
	Line of Insurance			
Does f No.	• • • • • • • • • • • • • • • • • • • •	erritories) or certain classes? If so, specif	y:	
			 	
Brief d	lescription of filing. (If filing follows	s rates of an advisory organization, specify	y organization):	
		005-RLA1, Commercial Fire and Allied		
	Costs Revision.			

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.



Vice President - Technical Services
Official - Title

Change	e in Company's premium or rate level	produced by rate revision effective	Upon Acknowledgement		
	(1)	(2) Annual Premium	(3) Percent		
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>		
1.	Automobile Liability Private Passenger Commercial				
2.	Automobile Physical Damage Private Passenger Commercial				
3.	Liability Other Than Auto				
4.	Burglary and Theft				
5.	Glass				
6.	Fidelity				
7.	Surety				
8.	Boiler and Machinery				
9.	Fire	207,521	0.0%		
10.	Extended Coverage				
11.	Inland Marine				
12.	Homeowners				
13.	Commercial Multi-Peril				
14.	Crop Hail				
15.	Other				
	Line of Insurance				
Does filing only apply to certain territory (territories) or certain classes? If so, specify: No.					
Adopt	lescription of filing. (If filing follows ion of Reference filing Numbers CF-2 ed Acts of Terrorism for Program Yea	rates of an advisory organization, specify o 005-RPTLC and CF-2005-RPTRU, Revise at 3 (2005).	rganization): d Loss Costs and Rules for		

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

JAN - 6 2006

SPRINGFIELD, ILLINOIS

Stonington Insurance Company
Name of Company

Vice President – Technical Services Official - Title

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